

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/980691** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4						
5		3				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		①				
13		①				
14		①				
15		①				
16		1				
17		1				
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL			1			
TOTAL			15			
TOTAL CLAIMS						

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			